

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045965

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1485

STATE FILE NUMBER

VS 300
Rev. 4/59

1 5117

2 03802

3

4 0

5 2

6

7 1

8 2

9 4200

10

11

12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 042
FILED JAN 9 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Joseph, Mo.**

Length of stay in 1b
2 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Mo. Methodist Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Gentry

Inside Limits
Yes ☐ No ☐

c. CITY OR TOWN

Stanberry

d. STREET ADDRESS

3rd and Willow

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Fred Yost Hawthorne

4. DATE OF DEATH

Month

Day

Year

Dec. 26, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-4-1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Merchant

10b. KIND OF BUSINESS OR INDUSTRY
Furniture

11. BIRTHPLACE (City and state or country)
Port Washington, Ohio

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Dr. J. A. Hawthorne

13b. MOTHER'S MAIDEN NAME

Caroline Melissa Yost

14. NAME OF HUSBAND OR WIFE

Mr. Lester L. Hawthorne, Stanberry, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
Unknown

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Acute ventricular fibrillation
Left ventricular hypertrophy and dilatation
Arteriosclerotic heart disease and aortic stenosis

INTERVAL BETWEEN ONSET AND DEATH

Minutes
Months 25
Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

Congestive heart failure; Rt. hydrothorax

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS ALTHOUGH PERFORMED YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5/22/62** to **12/26/62** and last saw her alive on **12/26/62**

Death occurred at **9:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Caryl A. Potter, M.D. **St. Joseph, Missouri** **1-4-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Dec. 30, 1962

23c. NAME OF CEMETERY OR CREMATORY
High Ridge Cemetery

23d. LOCATION (City, town, or county) (State)
Stanberry, Mo.

24. FUNERAL DIRECTOR

ADDRESS
JOHNSON FUNERAL HOMES, Stanberry, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Jan. 7, 1963

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Permit issued 12/26/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Charles Dean Allee, Student Embalmer No. 671
working under my personal supervision.

Student Charles Dean Allee
Signature of Student Embalmer

Signed Paul Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stenberg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.